Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: PARTNERS IN EMERGENCY MEDICINE P.O. BOX 2283 MANSFIELD, TX 76063	MFDR Tracking #:	M4-09-9461-01
Respondent Name and Box #: INDEMNITY INSURANCE CO OF NORT REP. BOX #: 15		

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary as stated on the Table of Disputed Services: "Underpaid Houston's W/C Fee Schedule."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - $30.80
3. CMS 1500s
4. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: The Respondent did not submit a response.

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
03/20/09	CPT Code 99283 ($53.68 ÷ 36.0666) x $63.07 = $93.87 - $63.07 (carrier payment) = $30.80	1 – 3	$30.80
Total:			$30.80

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and 28 Texas Administrative Code (TAC) Section 134.203, titled *Medical Fee Guideline for Professional Services* effective on or after March 1, 2008, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason codes:
   - 08K – The charge for this procedure exceeds the fee schedule allowance;
   - 4Y8 – Workers Compensation State Fee Schedule Adjustment;
   - 06U – A payment or denial has already been recommended for this service.
   - 450 – Duplicate claim/service.
2. Review of the disputed service shows that the insurance carrier did not apply the Division of Workers' Compensation conversion factor when administering the payment. Therefore, in accordance with Division Rule at 28 Administrative Code Section 134.203(b), reimbursement in the amount of $30.80 is recommended.

3. Per review of Box 32 on CMS-1500, zip code77002 is located in Harris County. The maximum reimbursement amount, under Rule 134.202(b), is determined by locality.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1, 134.203
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to additional reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of $30.80 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature	Auditor III Medical Fee Dispute Resolution	August 21, 2009 Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.